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# HOW NURSES PREPARE FAMILIES FOR TREATMENT WITHDRAWAL IN INTENSIVE CARE: RESULTS OF AN AUSTRALASIAN SURVEY

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## HOW NURSES PREPARE FAMILIES FOR TREATMENT WITHDRAWAL IN INTENSIVE CARE: RESULTS OF AN AUSTRALASIAN SURVEY

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Death in intensive care (ICU) is seldom unexpected and often planned through staged treatment withdrawal. With evidence that families need clear and honest communication about end of life care, the bedside nurse is optimally positioned to help families acknowledge and prepare for impending death. However, little is known about what nurses say to families about death following treatment withdrawal.

This descriptive survey used a scale developed by Kirchhoff et al (2003) to identify information given by nurses to families about the dying process following treatment withdrawal. ACCCN members listed as contactable for research purposes in Australia and nurses in two large tertiary ICUs in NZ were invited to participate. Internal validity for the survey was established through piloting. Data was analysed using SPSS v.19. Descriptive statistics were used. Ethical approval was given by Victoria University Wellington and Monash University.

The full survey was completed by 159 respondents; these data were used in the scale analysis. Cronbach alpha coefficient for the scale was 0.933, showing excellent internal consistency. The highest mean scores on the 5 point Likert scales were for individual items that reflect emotional support of the family (4.84), available for support as family needs (4.85) and reassuring family of patient comfort (4.87). Reassurance that the patient will be given adequate pain and sedation also scored highly (4.81). The lowest mean scores were for dry skin (2.77), change in pupil response (2.62) and urinary incontinence (2.60).

In contrast to Kirchhoff's original work, respondents gave higher consideration to the need to assure families that they, and the patient, would be appropriately supported through the dying process, than to providing information about physical changes that occur during the dying process. This may reflect greater emphasis on family involvement in contemporary ICU care.

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